

Clinical Behavior Analysis and Clinical Social Work: A Mutually Reinforcing Relationship (As Long As Science Is Included)

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Thyer (1999) has offered some suggestions on how clinical social work, the leading provider of mental health services, can have a mutually reinforcing relationship with applied behavior analysis. Because of the “weak” behavioral foundations of clinical social work, Thyer suggested that applied behavior analysis has a great deal to offer clinical social work. Moreover, Thyer argued, quite appropriately, that because of the insufficient number of behavior-analytic practitioners, training more clinical social workers in applied behavior analysis would exploit the strengths inherent in both disciplines. This is both a persuasive and laudable argument; however, some of Thyer’s later points about how this process should proceed concern me.

First, Thyer is pleased to report that 37% of licensed clinical social workers endorse a behavioral orientation, and 62% endorse a cognitive-behavioral one. A behavioral view, however, does not necessarily assure that the clinician is in step with the data-driven science of applied behavior analysis. Moreover, the cognitive-behavioral orientation is something very different from applied behavior analysis, despite the word *behavioral* in its title. Thyer, however, argues that the wide acceptance of a cognitive behavioral orientation in clinical social work is a step in the right direction. Although Thyer claims that the conceptual confusion

that distinguishes cognition from behavior will be corrected one day, it is difficult to believe that a theoretical orientation that is already removed from applied behavior analysis will ultimately come to be the same thing. A step eastward does not mean that the seeker is certain to find Mecca; it only means that he or she is at least not mistaken that Mecca is east and not west, north, or south, or points in between.

One of Thyer’s prescriptive elements for assisting clinical social workers in becoming effective applied behavior analysts is “simple”: The clinical social worker/applied behavior analyst can use single-subject designs to empirically demonstrate improvement of the client. He argues, however, that there is no need to show causality, or to demonstrate a functional relationship between the intervention and improvement. Moreover, he sees “a careful procedural description of the independent variable” (p. 25) as an impediment. How is the clinician-analyst able to then know that his or her intervention has been the decisive factor in the outcome? Positive outcomes may convince clients, and even federal and insurance payers, that the intervention worked, but was the intervention good science? Suspending the level of experimental rigor is indeed a “simple” solution, but, in doing so, is one doing applied behavior analysis?

Thyer argues for his thesis by pointing out that early published examples of behavior analysis could not possibly find their way into the contemporary pages of the *Journal of Applied Behav-*

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ior Analysis. The same could be said for physics, biology, and chemistry. A temporary retrenchment or relaxation of methodologically sophisticated standards will mean only that clinical social workers/behavior analysts are doing poor behavior analysis. Can one imagine a call for a relaxation of methodological sophistication in training for engineering, medicine, or in any science?

In sum, I agree that Thyer is correct that clinical social work and applied behavior analysis can complement each other, but this cannot be accomplished with the relaxation of methodological standards. If social work, or psychology for that matter, is a scientific endeavor, it must adhere to strin-

gent scientific standards. Training a generation of clinical social workers/applied behavior analysts with a relaxation of standards does not suggest that applied behavior analysis will be able to gain a foothold in the field of clinical social work; it does suggest that there will be a generation of poorly trained behavior analysts with clinical social work credentials. And surely none of us want to argue for more clinicians misrepresenting applied behavior analysis to the public?

REFERENCE

- Thyer, B. A. (1999). Clinical behavior analysis and clinical social work: A mutually reinforcing relationship. *The Behavior Analyst*, 22, 17-29.